MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117782 116

Reg. Dist. No. 270

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cambridge — LENGTH OF STAY (in this place) 8 mo. -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardova -
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	R	Adams	August	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	white	married	april 24, 1865	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Adams
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Willis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records - State Hospital.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, Chronic -	1947?
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-Sclerosis -	1947?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis.	1947?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1948 to Aug 21, 1949, that I last saw the deceased alive on Aug. 20, 1949, and that death occurred at 12 10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	M.D.	Cambridge Md.	8/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 24/49	Greensboro Cemetery	Greensboro	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/22/49	D. L. Nevett	Earle W. Stafford	Easton Md.

Lic. #116 - John Mace, J. M. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07783

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

M The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

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VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
LENGTH OF STAY (In this place) 33 yrs+
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Irving (Middle) Pernell (Last) Bounds

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: June 18 1891 | 9. AGE last birthday: 58 yrs. | If under 1 year: Months 2 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hubert W. Bounds | 14. MOTHER'S MAIDEN NAME: Ora C. Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT: Mrs Irving P. Bounds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 5 min.

422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture cervical vertebrae — 2 yrs.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? E7

22. I hereby certify that I attended the deceased from Aug., 1946, to August, 1949, that I last saw the deceased alive on August 17, 1949, and that death occurred at 3.30 P.m., from the causes and on the date stated above.

SIGNATURE: John Moore | (Degree or title) M. D. | ADDRESS: Cambridge, Md. | DATE SIGNED: 8/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 20 1949 | NAME OF CEMETERY OR CREMATORY: East New Market | LOCATION (City, town, or county) (State): East New Market Md

DATE REC'D BY LOCAL REG. 8/19/49 | REGISTRAR'S SIGNATURE: Elizabeth C Smith | 24. FUNERAL DIRECTOR: H. B. Willoughby | ADDRESS: East New Market, Md

RECEIVED
AUG 25 1949
BUREAU V. S.

Evidence for change of age is shown on

FILM No. G 122 SEP 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge - rural
LENGTH OF STAY (in this place) 13yrs., 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) R. (Last) Brown
4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-16-1891
9. AGE last birthday ~~58~~ 57 yrs. If under 1 year: Months 11, Days 19; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Harris
14. MOTHER'S MAIDEN NAME Georgia Wainwright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	8-5-49
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1936, to 8-5, 1949, that I last saw the deceased alive on 8-5, 1949, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. E.S.S.Hospital, Cambridge, Maryland 8-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 8, 1948
NAME OF CEMETERY OR CREMATORY Charity Church Cemetery
LOCATION (City, town, or county) (State) Near Salisbury Md.

DATE REC'D BY LOCAL REG. 8-5-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Holloway & Co.
ADDRESS Preston Holloway Salisbury Md.

RECEIVED
AUG 8 1949
BUREAU V. S.

07785

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henrietta

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~HE Pitts~~ (Middle) Crosell (Last)

4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1949

5. SEX Feame
6. COLOR OR RACE Color
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Aug 15 1893
9. AGE last birthday 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Oscar Croswell
14. MOTHER'S MAIDEN NAME Lizzie Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Maggie Croswell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	2 days
420.0 Antecedent cause(s)	(b) Cardio-vascular renal decompensation	2 mos
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic heart disease	undet.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 29, 1949, to Aug 5, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 9 30 A.m., from the causes and on the date stated above.

SIGNATURE Alfred R. Maryanov (Degree or title) MD. ADDRESS 136 Race St, Cambridge DATE SIGNED 8/8/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE Aug 9 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Cambridge (State)

DATE REC'D BY LOCAL REG. 8-10-49 REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Lewis H Baynevin ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07786

Reg. Dist. No. 1-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Dorchester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Choptank River at the Foot of High Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 207 Harrington Avenue
STREET ADDRESS (If rural, give location): Cambridge, Maryland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederick	C.	Foxwell	August	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Marride	3/2/1909	40 yrs.	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Canned Foods	Dorchester County, Maryland	U.S.A.

13. FATHER'S NAME: George E. Foxwell

14. MOTHER'S MAIDEN NAME: Ether Booze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	--	220-01-9685	Mrs. Lavenia Fitzhugh Foxwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphixia	appox. 10 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Drowning	appox. 10 Minutes
	(c)	

975
1646

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	River	Cambridge	Dorchester	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
August 1st 1949 12:35 p.m.		Suicide by jumping overboard

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Wolff	M.D. (Asst. D.M.E.)	Cambridge, Md.	8-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/4/1949	Foxwell Family Cemetery	Lakesville,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-4-1949	James Mace, Jr., M.D.	LeCompte's Funeral Service Cambridge, Maryland

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AUG 5 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07787

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Linkwood

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood nd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) ~~Gilbert~~ Gilbert (Last)

4. DATE OF DEATH (Month) avg (Day) 18 (Year) 1949

5. SEX feand
6. COLOR OR RACE colard
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH ~~Oct~~ June 31 1904
9. AGE last birthday 45 yrs. If under 1 Months. 1 year 18 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY no
11. BIRTHPLACE (State or foreign country) Marisom nd
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Opher
14. MOTHER'S MAIDEN NAME Emerline Myster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-9414
17. INFORMANT Lewis Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH 2 days

Antecedent cause(s) 443 93d (b) Hypertension cardio-vascular disease —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 17, 1949, and that death occurred at 5:39 A. m., from the causes and on the date stated above.

SIGNATURE Albert C Bunker (Degree or title) M.D. ADDRESS 9 Race St, Cambridge DATE SIGNED Aug 19 1949 Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE avg 21
NAME OF CEMETERY OR CREMATORY Marisom
LOCATION (City, town, or county) ~~Marisom~~ (State) Madison

DATE REC'D BY LOCAL REG. 8-23-1949
REGISTRAR'S SIGNATURE John Mace Jr., M.D.
24. FUNERAL DIRECTOR Lewis H Bayneum ADDRESS

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17788

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester, Cambridge, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge rural
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Elijah (Middle) H. (Last) Hastings

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-26-1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Hastings

14. MOTHER'S MAIDEN NAME: Eliza Workman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8-1-49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis with Hypertension	
443 93d	(c) Chronic Myocarditis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 19 49, to 8-1, 19 49, that I last saw the deceased alive on 8-1, 19 49, and that death occurred at 3:05 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R G Blackwelder M.D. Eastern Shore State Hospital, Camb., Md. 8-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 3-49 | NAME OF CEMETERY OR CREMATORY: Nanticoke Cem | LOCATION (City, town, or County) (State): Near Salisbury Md

DATE REC'D BY LOCAL REG.: 8-3-1949 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D. | 24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Walter K. Holloway Jr. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07789

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 14 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Water Street

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) GOLDSBOROUGH (Last) HICKS

4. DATE OF DEATH (Month) August (Day) 28, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/12/1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Alden Goldsborough
14. MOTHER'S MAIDEN NAME Mary Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Capt. Chaplain Hicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastases of Lungs & Liver	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Right breast	1 yr.
	(c) Ischemic Anasarca	2 mos.

170
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION Feb 15-1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Right breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) no (COUNTY) no (STATE) no
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from Feb 15, 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at 11-45P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS 144 Rose St. Cambridge Md DATE SIGNED 8-31-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/24/1949
NAME OF CEMETERY OR CREMATORY Christ Church Cemetery
LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REG. 9-2-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR LeCompte's Funeral Service ADDRESS Cambridge, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07790

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 4 Wells Street

3. NAME OF DECEASED (Type or Print) (First) Baby Girl Portia (Middle) #2 Denise (Last) Johnson

4. DATE OF DEATH (Month) August (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH August 17, 1949
9. AGE last birthday 0 yrs. If under 1 year: Months 0, Days 0; If under 24 hrs.: Hours 5, Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Dorchester Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Johnson
14. MOTHER'S MAIDEN NAME Mary Pauline Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT William H. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral anoxemia	5 hrs
773.5 Antecedent cause(s)		
160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Shoulder Presentation with prolapsed arm	5 hrs.
	(c) Prematurity - 36 weeks	—

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Second Baby of twins

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 8-17, 1949, to 8-17, 1949, that I last saw the deceased alive on 8-17, 1949, and that death occurred at 6:45A m., from the causes and on the date stated above.

SIGNATURE Eldridge H Wolff (Degree or title) M.D ADDRESS Cambridge, Md. DATE SIGNED 8-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-18-49
NAME OF CEMETERY OR CREMATORY Family Burial Ground
LOCATION (City, town, or county) Crapo, Dor. Co., (State) Maryland

DATE REC'D BY LOCAL REG. 8-18-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Lewis D. Bayneum ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

07791

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 315 High Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SIDONIA MOLOCK

4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 16, 1867
9. AGE last birthday 82 yrs. If under 1 year Months 0 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Lakesville, Dor. Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Slacum
14. MOTHER'S MAIDEN NAME Rosa Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Bessie Molock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1 day
420.1 Antecedent cause(s)	(b) Cardio-Renal-Vascular Disease	6 [illegible]
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 1, 1949 to Aug 12, 1949, that I last saw the deceased alive on Aug 11, 1949 and that death occurred at 12.01 P.m., from the causes and on the date stated above.

SIGNATURE Gilbert E. Meeks (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 8-13-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 15, 1949
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 8-17-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr. ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07792

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fork Neck Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fork Neck
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louise	Molock	Pinder	Aug.	4	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F Feamale	Colord	Single	4-26-1921	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labar
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Forkneck md.
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Tilgman Perry
14. MOTHER'S MAIDEN NAME: Beatrice Pinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Beatrice Molock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	3 days
002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 138	(b) Tuberculosis, pulmonary, ulcerative	4 yrs
	(c) Obesity, generalized, complicating bilateral	Many yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L Houston		Cambridge Md	Aug. 6, 49

27. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-7-49	Fork Neck	Fork Neck, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-8-49	John Mace, Jr., M.D.	Lewis N. Baynum.	Cambridge, Md.

VS. A15

RECEIVED
AUG 9 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07793

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Cambridge; LENGTH OF STAY (in this place) 1 mon. 21 ds; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wocimico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Charlotte (Last) Price

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 24 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Prettyman Webster

14. MOTHER'S MAIDEN NAME: Martha Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hospital Records, Cambridge Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopnuemonia	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 422.1 93d	(b) General and cerebral arteriosclerosis	unknown
	(c) Chronic myocarditis	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis with Cerebral Arteriosclerosis	3 yea

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1949, to August 3 1949, that I last saw the deceased alive on August 2, 1949, and that death occurred at 3.40 A m., from the causes and on the date stated above.

SIGNATURE Grace M. Branscombe M.D. (Degree or title) ADDRESS Cambridge Maryland DATE SIGNED 8/3/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8-5-49 NAME OF CEMETERY OR CREMATORY Mt Vernon md LOCATION (City, town, or county) (State) Princess anne md.

DATE REC'D BY LOCAL REG. 8-4-49 REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR Dale Dashiell for Home ADDRESS Princess Anne, Md.

Per Dale W Featherman

RECEIVED
AUG 5 1949
BUREAU V. S.

07794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 35 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 117 Willis St	STREET ADDRESS (If rural give location): 117 Willis St

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Miller (Last) Price

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 6-1888

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dor Co.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm Grant Parker

14. MOTHER'S MAIDEN NAME: Ella Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: W. Hargis Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 10 years ago Bedreddent since.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1949, to 8/31, 1949, that I last saw the deceased alive on 8/31, 1949 and that death occurred at 8:45P m., from the causes and on the date stated above.

SIGNATURE: W. F. Blanks (Degree or title) MD — ADDRESS: Cambridge Md — DATE SIGNED: 9/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9-2-49 — NAME OF CEMETERY OR CREMATORY: Greenlawn — LOCATION (City, town, or county): Cambridge (State): Md

DATE REC'D BY LOCAL REG.: 9-3-49 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D. — 24. FUNERAL DIRECTOR: Kenneth L. Thomas — ADDRESS: Cambridge Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07795

Reg. Dist. No. 112

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem Md
LENGTH OF STAY (In this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem
STREET ADDRESS (If rural, give location) no Street address

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Johnny	Alfred	Pritchett	August	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	July 5 1949	0 yrs.		18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Cambridge Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bernie Hollis	Marion Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Marion Pritchett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
7720 **Immediate cause**	(a) Prematurity	about 3 wks
158 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mother Feebleminded

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
not				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Wolff	M.D. ass. D.M.E.	Cambridge Md	8-25-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 25-49	Elizabeth H. Craft		

Vienna

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07796

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor. Pine & Washington Sts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Cor. Pine & Washington Sts.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) RIDEOUT (Last)

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: ~~24~~ Unknown 1877 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? | 10b. KIND OF BUSINESS OR INDUSTRY: ? | 11. BIRTHPLACE (State or foreign country): Salem, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Rideout | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

795.0 / 189

Immediate cause (a) Emaciation and starvation — 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cause unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? --

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace M.D. (Degree or title) Deputy Medical Examiner | ADDRESS Cambridge, Md. | DATE SIGNED 8/29/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-1-49 | NAME OF CEMETERY OR CREMATORY Silent City Cemetery | LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 8-31-49 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS Lewis H. Bayneum, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07797

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 236 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 236 High Street

3. NAME OF DECEASED (Typo or Print): (First) William (Middle) Dennard (Last) Saunders

4. DATE OF DEATH: (Month) Aug (Day) 10, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Apr. 15, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months. 3 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Madison, Dor. Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Saunders

14. MOTHER'S MAIDEN NAME: Sarah Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-9710

17. INFORMANT: Annie Saunders

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 2 yrs

450.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized — 7

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1949, to Aug 10, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE: James A Thompson (Degree or title) M D — ADDRESS: Cambridge, Md — DATE SIGNED: Aug 10 49

23. BURIAL, CREMATION REMOVAL. (Specify): Burial — DATE: Aug 13 1949 — NAME OF CEMETERY OR CREMATORY: Rodk Cemetery — LOCATION (City, town, or county) (State): Christ Rock, Dor. Co. Md

DATE REC'D BY LOCAL REG. 8-13-49 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D. — 24. FUNERAL DIRECTOR: Murkett & St Clair Jr — ADDRESS: Cambridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017798

Reg. Dist. No. 11-6

1. PLACE OF DEATH: COUNTY Dorchester | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 4 days | HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE | COUNTY Dor. Co. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simers Road | STREET ADDRESS (If rural, give location) R.F.D. Church Creek, Md.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) mae (Last) Stafford

4. DATE OF DEATH: (Month) Aug (Day) 6 (Year) 1949

5. SEX: female | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Jan 3 1900 | 9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Elias Elliott | 14. MOTHER'S MAIDEN NAME: Mary Meekins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Emerson Stafford, son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Myocardial Failure	1 day
590 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 130	(b) Acute glomerulo nephritis	6 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31, 1949, to 8/6, 1949, that I last saw the deceased alive on 8/6, 1949, and that death occurred at 6.48 A.m., from the causes and on the date stated above.

SIGNATURE Lawrence Manyano (Degree or title) M.D ADDRESS Cambridge, Md. DATE SIGNED 8/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 9/49 | NAME OF CEMETERY OR CREMATORY: Stafford Cemetery | LOCATION (City, town, or county) (State): Simers Road, Md.

DATE REC'D BY LOCAL REG. 8-10-1949 | REGISTRAR'S SIGNATURE John Mace Jr. | 24. FUNERAL DIRECTOR: Lewis H Baynum | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1949
BUREAU V. S.

07799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylors — LENGTH OF STAY (in this place): Island
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylors Island
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Hattie Standley

4. DATE OF DEATH (Month) (Day) (Year): Aug 10 1949

5. SEX: Feame
6. COLOR OR RACE: Colored
7. SINGLE, ~~MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: Aug 1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (State or foreign country): Taylors Island
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tomp Tompson
14. MOTHER'S MAIDEN NAME: Dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marie Frames

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure — 2 wks

450.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1949, to Aug 11, 19....., that I last saw the deceased alive on Aug 10, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Lamelle Thompson — (Degree or title): M.D. — ADDRESS: Cambridge — DATE SIGNED: Aug 12, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-13-49 — NAME OF CEMETERY OR CREMATORY: Taylors Island — LOCATION (City, town, or county) (State): Dorchester Co., Md.

DATE REC'D BY LOCAL REG.: 8-13-49 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. — 24. FUNERAL DIRECTOR: Lewis H Barynevn — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

07800

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 40yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 305 Washington St.

3. NAME OF DECEASED (Type or Print) (First) Katie (Middle) Maude (Last) Stoker
4. DATE OF DEATH (Month) August (Day) 9 (Year) 49 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/28/94
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress, sewing factory
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Edw. Durham
14. MOTHER'S MAIDEN NAME Sarah Larrimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Guy S. Stoker 305 Washington St., Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 wks
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cardio renal vascular disease with hypertension.	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1946 to Aug. 9, 1949, that I last saw the deceased alive on Aug. 9, 1949, and that death occurred at 12 35 m., from the causes and on the date stated above.

SIGNATURE Albert E. Bunker (Degree or title)
ADDRESS 9 Race St., Cambridge, Maryland
DATE SIGNED 8-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/11/'49
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) Cambridge, Md. (State)

DATE REC'D BY LOCAL REG. 8-13-49
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR Kenneth R. Thomas, 100 Locust St., Cambridge, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07801

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 1236 Dover St.

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) (Last) Thomas
4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1949
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 26, 1892
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm labor
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME No data
14. MOTHER'S MAIDEN NAME No data
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 221 14 5300
17. INFORMANT American Stores Cannery, Hurlock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. Deputy Medical Examiner
ADDRESS Cambridge, Md.
DATE SIGNED 8/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 12, 1949
NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Md.
DATE REC'D BY LOCAL REG. Aug 12-1949
REGISTRAR'S SIGNATURE Chas. W. Hastings
24. FUNERAL DIRECTOR J. J. Framptom and Son, Federalsburg, Md.
ADDRESS

RECEIVED
AUG 30 1949
BUREAU V. S.

07802

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
LENGTH OF STAY (in this place) several years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS or Lord Cliff.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earnest (Middle) Ennalls (Last) Tull

4. DATE OF DEATH (Month) Aug (Day) 17 (Year) 1949

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH About 1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman & Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? A. P.

13. FATHER'S NAME Ennalls Tull
14. MOTHER'S MAIDEN NAME Laura E. Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ruth Elizabeth Tull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Heart disease

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to Aug 17, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE R. D. Brown (Degree or title) M.D. ADDRESS East New Market DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug. 20, 1949 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. Aug 19, 49 REGISTRAR'S SIGNATURE Elizabeth E. Smith 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1949
BUREAU V. S.

Dr. Kuhlman

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07803

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford, Delaware-Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Galestown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford, Delaware - Rural
STREET ADDRESS (If rural give location) Galestown

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) H. (Last) Wheatley

4. DATE OF DEATH (Month) August (Day) 12 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH September 10, 1859

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin McWilliams

14. MOTHER'S MAIDEN NAME Sarah Marine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Cora E. Hitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1949, to Aug 12, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE H S Kuhlman (Degree or title) M.D. ADDRESS Sharptown DATE SIGNED Aug 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF August 16, 1949

NAME OF CEMETERY OR CREMATORY Galestown Cemetery

LOCATION (City, town, or county) (State) Galestown, Maryland

DATE REC'D BY LOCAL REG. Aug. 16-1949

REGISTRAR'S SIGNATURE Chas. H. Hastings

24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md. ADDRESS

RECEIVED
AUG 30 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

07804

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg, Rural
STREET ADDRESS (If rural, give location): near Chestnut Grove

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) E. (Last) WILLIAMS

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 3-8-1891

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day laborer

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Caroline Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles H. Williams

14. MOTHER'S MAIDEN NAME: Harriett Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 223-24-8168

17. INFORMANT: Mrs. Louise Coleman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hours

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Exploratory laparotomy — 10 hours

19a. DATE OF OPERATION: 8/26/49

19b. MAJOR FINDINGS OF OPERATION: No pathology found.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace Jr. M.D. (Degree or title) Deputy Medical Examiner

ADDRESS: Cambridge, Md.

DATE SIGNED: 8/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-30-49

NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG. 8-30-49

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

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ADDRESS: Federalsburg, Maryland

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